

**B6 Cover (Form 6 Cover) (12/07)**

**FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Gerald & Leita Forbes Case No. 12-10645  
Debtor (If known)

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Single Family Residence 1075 Forrest Road Bridport, VT 05734	Tenancy by the Entirety	J	177,100.00	125,616.62
Total ➤			177,100.00	

(Report also on Summary of Schedules.)

In re Gerald & Leita Forbes

Case No. 12-10645

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash Debtor's home	J	225.97
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings Trademark Federal Credit Uniunon	W	20.00
		Checking Vermont Federal Credit Union	J	6.95
		Checking Vermont Federal Credit Union	J	4.26
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods Debtor's home	J	500.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing Debtor's home	J	300.00
7. Furs and jewelry.		Jewelry Debtor's home	J	200.00

In re Gerald & Leita Forbes  
 Debtor

Case No. 12-10645  
 (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		Wedding Rings Debtor's home	J	700.00
8. Firearms and sports, photographic, and other hobby equipment.		Remington 700 Gun Debtor's home	J	250.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Life Insurance Continental American Insurance Company PO Box 427 Columbia, SC 29202	W	5,000.00
		Disability Plan Continental American Insurance Company PO Box 427 Columbia, SC 29202	W	
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			

In re Gerald &amp; Leita Forbes

Case No. 12-10645

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1998 Dodge Ram Debtor's home	J	3,050.00
		2003 Chevy S10 Debtor's home	J	4,400.00
		2001 Dodge Neon Debtor's home	J	1,550.00
26. Boats, motors, and accessories.		1997 Delta Deckover Trailer Debtor's home	H	4,000.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Tools and non-functioning tractor Debtor's home	H	3,000.00

In re Gerald & Leita Forbes  
 Debtor

Case No. 12-10645  
 (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
30. Inventory.	X	Horses	H	3,500.00
31. Animals.		Debtor's home		
32. Crops - growing or harvested. Give particulars.	X	Harness	H	800.00
33. Farming equipment and implements.		Debtor's home		
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached Total				\$ 27,507.18

(Include amounts from any continuation  
 sheets attached. Report total also on  
 Summary of Schedules.)

In re Gerald & Leita ForbesCase No. 12-10645

Debtor

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds  
\$146,450\*.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Single Family Residence	(Husb)27 V.S.A. § 101	125,000.00	177,100.00
Household Goods	(Husb)12 V.S.A. § 2740(5)	500.00	500.00
Clothing	(Husb)12 V.S.A. § 2740(5)	300.00	300.00
Jewelry	(Husb)12 V.S.A. § 2740(4)	200.00	200.00
Wedding Rings	(Husb)12 V.S.A. § 2740(3)	700.00	700.00
Remington 700 Gun	(Husb)12 V.S.A. § 2740(5)	250.00	250.00
1997 Delta Deckover Trailer	(Husb)12 V.S.A. § 2740(2)	4,000.00	4,000.00
1998 Dodge Ram	(Husb)12 V.S.A. § 2740(1)	1,150.00	3,050.00
2001 Dodge Neon	(Wife)12 V.S.A. § 2740(1)	1,550.00	1,550.00
Life Insurance	(Wife)12 V.S.A. § 2740(18)	5,000.00	5,000.00
Horses	(Husb)12 V.S.A. § 2740(13)	3,500.00	3,500.00
Harness	(Husb)12 V.S.A. § 2740(14)	800.00	800.00
Cash	(Husb)12 V.S.A. § 2740(7)	225.97	225.97
Savings	(Wife)12 V.S.A. § 2740(15)	20.00	20.00
Checking	(Wife)12 V.S.A. § 2740(15)	6.95	6.95
Checking	(Wife)12 V.S.A. § 2740(15)	4.26	4.26
Tools and non-functioning tractor	(Husb)12 V.S.A. § 2740(2) (Husb)12 V.S.A. § 2740(7)	1,000.00 2,000.00	3,000.00

\*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**B6D (Official Form 6D) (12/07)**In re Gerald & Leita Forbes,Case No 12-10645

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Beneficial P.O. Box 3425 Buffalo, NY 14240	J	Lien: Mortgage Security: Home  VALUE \$ 177,100.00				125,616.62	0.00
ACCOUNT NO. Citifinancial P.O. Box 183172 Columbus OH 43218-3172	J	Incurred: 2007 Lien: Mortgage Security: Home  VALUE \$ 177,100.00				15,572.18	0.00
ACCOUNT NO. 4096 Credit Acceptance 25505 West Twelve Mile Rd. Suite 300 Southfield, MI 48034	W	Lien: Security interest Security: 1998 Dodge Ram  VALUE \$ 3,050.00				1,900.00	0.00
Subtotal (Total of this page)						\$ 143,088.80	\$ 0.00
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on  
Summary of Schedules)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Gerald & Leita Forbes,

Debtor

Case No. 12-10645

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5367	J	Incurred: 2011				10,171.48	5,771.48
Wells Fargo Dealer Services		Lien: Security interest					
P.O. Box 25341		Security: 2003 Chevy S10					
Santa Ana, CA 92799-5341		VALUE \$ 4,400.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal (s) (Total(s) of this page)	\$ 10,171.48	\$ 5,771.48
Total(s) (Use only on last page)	\$ 153,260.28	\$ 5,771.48

(Report also on  
Summary of Schedules)  
(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

In re Gerald & Leita Forbes  
Debtor

Case No. 12-10645  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

\*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

0 continuation sheets attached

In re Gerald & Leita Forbes,  
DebtorCase No. 12-10645  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3324 21st Century P.O. Box 1802 Alpharetta GA 30023	H	Incurred: 2010 Consideration: Insurance				230.89
ACCOUNT NO. 5944 Allied Data Corporation 13111 Westheimer, Suite 400 Houston TX 77077	W	Incurred: 2008 Consideration: Collection for Fashion Bug				Notice Only
ACCOUNT NO. 6160 Alternative Receivables Solutions, Inc. PO Box 478 Rosemount, MN 55068	H	Incurred: 2009 Consideration: Collection for Champlain Valley Orthopedics				Notice Only
ACCOUNT NO. 2096 Alternative Receivables Solutions, Inc. PO Box 478 Rosemount, MN 55068	W	Incurred: 2009 Consideration: Collection for Rainbow Pediatrics				Notice Only
Subtotal ➤						\$ 230.89
Total ➤						\$

14 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. c008 APS 2527 Cranberry HWY Wareham MA 02571	W	Incurred: 2012 Consideration: Medical services				139.96
ACCOUNT NO. 0300 Audit Bureau PO Box 1269 Columbus, OH 43216	H	Incurred: 2009 Consideration: Collection agency Collection for Fyles Brothers Inc.				Notice Only
ACCOUNT NO. 3293 Bank of Morin c/o Regent Asset Management 7290 Samuel Dr., Duite 200 Denver CO 80221	W	Incurred: 2009 Consideration: Credit card debt In Collections with Regent Asset Management				1,610.26
ACCOUNT NO. 5530 BHR 141 Burke Street Nashua NH 03060	H	Incurred: 2010 Consideration: Collection for Fletcher Allen				Notice Only
ACCOUNT NO. 2059 CAC Financial Corp 2601 NW Expressway Suite 1000 East Oklahoma City, OK 73112	H	Incurred: 2010 Consideration: Collection for GE Money Bank				Notice Only

Sheet no. 1 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	1,750.22
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8412 Capital Accounts P.O. Box 140065 Nashville, TN 37214	H	Incurred: 2009 Consideration: Collection for Middlebury Eye Associates				Notice Only
ACCOUNT NO. CBCS P.O. Box 165025 Columbus OH 43216	H	Consideration: Medical services				Notice Only
ACCOUNT NO. 0079 CBCS PO BOX 164090 COLUMBUS, OH 43216	H	Incurred: 2012 Consideration: Collection agency Collection for Fletcher Allen				Notice Only
ACCOUNT NO. 6160 Champlain Valley Orthopedics c/o ARS P.O. Box 478 Rosemount MN 55068	H	Incurred: 2009 Consideration: Medical services In Collections with Alternative Receivables Solutions, Inc.				19.63
ACCOUNT NO. 9512 Citifinancial 2 Champlain COMmons Ste 3 St Albans, VT 05478	W	Consideration: Personal Loan				5,657.17

Sheet no. 2 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	5,676.80
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0959 Credit Associates P.O. Box 6600 Rutland, Vermont 05702	W	Incurred: 2009 Consideration: Collection for Middlebury Family Healt				Notice Only
ACCOUNT NO. 9100 Credit Collection Services Two Wells Avenue Newton, MA 02459	W	Incurred: 2012 Consideration: Collection for Nationwide Insurance				Notice Only
ACCOUNT NO. 9096 Credit Services 41 Simon STreet P.O. Box 746 Nashua NH 03061	H	Incurred: 2010 Consideration: Collection for Porter				Notice Only
ACCOUNT NO. 0993 CVPS 77 Grove Street Rutland Vermont 05701	H	Incurred: 2011 Consideration: Electricity				2,409.65
ACCOUNT NO. 1072 Debt Recovery Solutions P.O. Box 1259 Oaks, PA 19456	W	Incurred: 2007 Consideration: Collection for Verizon				Notice Only

Sheet no. 3 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	2,409.65
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5994 Eye Care Associates P.O. Box 6268 Rutland, VT 05702	H	Incurred: 2010 Consideration: Medical services				222.34
ACCOUNT NO. 8052 Eye Care Associates P.C. PO Box 6268 Rutland, VT 05702	W	Incurred: 2010 Consideration: Eye Care				11.39
ACCOUNT NO. 8295 Fletcher Allen Health Care P.O. Box 1063 Burlington, VT 05402-1063	H	Consideration: Medical services In Collections with BHR				562.68
ACCOUNT NO. 1010 Fletcher Allen Healthcare P.O. Box 1810 Burlington, VT 05402	H	Consideration: Medical services In Collections with CBCS				1,241.52
ACCOUNT NO. 0300 Fyles Brothers 425 Needham Hill Rd. Orwell, VT 05760	H	Incurred: 2009 Consideration: Fuel In Collections with Audit Bureau				368.92

Sheet no. 4 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	2,406.85
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0596 GE Money Bank P.O. Box 960061 Orlando, FL 32896-0061	H	Consideration: 2005 Bombardier In Collections with Monarch Recovery Management, Inc.				3,553.95
ACCOUNT NO. 0001 Great Lakes 2401 International Lane Madison, WI 53704-3192	W	Incurred: 2011 Consideration: Student Loan				31,484.56
ACCOUNT NO. 3667 HSBC PO Box 17051 Baltimore, MD 21297	H	Consideration: Credit card debt In Collections with People First Recoveries				755.10
ACCOUNT NO. 1081 Kevin Ianni 519 Robbins Rd. Cornwall, VT 05753	H	Incurred: 2010 Consideration: Medical services In Collections with M2 Revenue				34.76
ACCOUNT NO. 3281 Key Bank Overdraft Recovery P.O. Box 6506 Cleveland OH 44101	H	Incurred: 2008 Consideration: Overdraft In collections with NCO Financial				238.71

Sheet no. 5 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	36,067.08
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1540 Liberty Mutual 100 Linciolnway West Mishawaka IN 46544	J	Incurred: 2011 Consideration: Home Insurance				857.41
ACCOUNT NO. 4147 M2 Revenue Dept 77313 P.O. Box 77000 Detroit MI 48277	H	Incurred: 2010 Consideration: Collection Agency Collection for Kevin Ianni MD				Notice Only
ACCOUNT NO. 0075 Marcam & Associates 396 High Street Suite 2 Somersworth NH 03878	H	Incurred: 2012 Consideration: Collection for Porter Hospital				Notice Only
ACCOUNT NO. 8412 Middlebury Eye Associates 91 Main Street Middlebury, VT 05753	H	Incurred: 2009 Consideration: Eye Appointment In Collections with Capital Accounts				62.85
ACCOUNT NO. 0800 Middlebury Family Health 44 Collins Dr. Suite 201 Middlebury VT 05753	W	Incurred: 2008 Consideration: Medical services				1,386.00

Sheet no. 6 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	2,306.26
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7566 Monarch Recovery Management 10965 Decatur Rd. Philadelphia, PA 19154-3210	H	Incurred: 2010 Consideration: Collection for GE Money Bank				Notice Only
ACCOUNT NO. 0210 Nationwide P.O. Box 13958 Philadelphia, PA 19101	W	Incurred: 2012 Consideration: Insurance In Collections with Credit Collection Services				283.62
ACCOUNT NO. 3281 NCO P.O. Box 15630 Dept 99 Wilmington DE 19850	H	Incurred: 2008 Consideration: Collection for Key Bank				Notice Only
ACCOUNT NO. 0001 NCO Financial Systems, Inc. P.O. Box 12100 Dept 64 Trenton, NJ 08650	W	Incurred: 2011 Consideration: Collection agency Collection for Porter Hospital				Notice Only
ACCOUNT NO. 7347 Ophthalmic Consultants of Vermont MBA Healthgroup 55 Community Dr. Suite 201 South Burlington VT 05403	H	Incurred: 2009 Consideration: Medical services				74.90

Sheet no. 7 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	358.52
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3667 People First Recoveries 2080 Elm Street SE Minneapolis MN 55414	H	Incurred: 2008 Consideration: Collection for HSBC				Notice Only
ACCOUNT NO. V754 Pinnacle Financial Group 7825 Washington Ave S Suite 310 Minneapolis, MN 55439	H	Incurred: 2012 Consideration: Collection agency Collection for GE Sales Finance				Notice Only
ACCOUNT NO. 9096 Porter Hospital 37 Porter Drive Middlebury Vermont 05753	H	Incurred: 2008-2009 Consideration: Medical services In Collections with Credit Services				358.52
ACCOUNT NO. 0075 Porter Hospital 37 Porter Drive Middlebury, VT 05753	H	Incurred: 2012 Consideration: Medical services				387.82
ACCOUNT NO. 7831 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2009 Consideration: Medical services				51.11

Sheet no. 8 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	797.45
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8951 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2008 Consideration: Medical services				261.00
ACCOUNT NO. 1275 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2012 Consideration: Medical services				42.13
ACCOUNT NO. 7539 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2012 Consideration: Medical services				455.01
ACCOUNT NO. 9321 Porter Hospital 37 Porter Drive Middlebury, VT 05753	H	Incurred: 2008 Consideration: Medical services				94.50
ACCOUNT NO. 7381 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2012 Consideration: Medical services				595.38

Sheet no. 9 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	1,448.02
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0433 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2012 Consideration: Medical services				68.61
ACCOUNT NO. 2739 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2012 Consideration: Medical services				22.79
ACCOUNT NO. 0001 Porter Hospital 37 Porter Drive Middlebury, VT 05753	H	Incurred: 2009 Consideration: Medical services In Collections with NCO Financial Systems Inc.				695.04
ACCOUNT NO. 4541 Porter Hospital 37 Porter Drive Middlebury, VT 05753	H	Incurred: 2010 Consideration: Medical services				695.04
ACCOUNT NO. 8991 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2009 Consideration: Medical services				77.48

Sheet no. 10 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	1,558.96
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3731 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2010 Consideration: Medical services				391.80
ACCOUNT NO. 7201 Porter Hospital 37 Porter Drive Middlebury, VT 05753	W	Incurred: 2010 Consideration: Medical services				781.25
ACCOUNT NO. 155 Porter Practice Management 104 Porter Dr. Middlebury Vt 05753	H	Consideration: Medical services				299.19
ACCOUNT NO. 1501 Portfolio Recovery P.O. Box 12914 Norfolk, VA 23541	W	Consideration: Collection for Fashion Bug				349.13
ACCOUNT NO. 6057 Powell Rogers & Speaks P.O. Box 930 Halifax, PA 17032	W	Incurred: 2008 Consideration: Collection for Fashion Bug				Notice Only

Sheet no. 11 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	1,821.37
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7509 Rainbow Pediatrics 44 Collins Dr. Suite 202 Middlebury	W	Incurred: 2012 Consideration: Medical services In Collections with Summit Account Resolution				258.48
ACCOUNT NO. 1601 Rainbow Pediatrics 44 Collins Drive STE 202 Middlebury, VT 05753-8502	W	Incurred: 2010 Consideration: Doctor Visits for Children				908.00
ACCOUNT NO. 2594 Rainbow Pediatrics 44 Collins Drive STE 202 Middlebury, VT 05753-8502	W	Incurred: 2009 Consideration: Child Doctor Visits In Collections with Alternative Receivables Solutions, Inc.				330.78
ACCOUNT NO. 7460 RCMC P.O. Box 9356 South Burlington VT 05407	J	Incurred: 2007 Consideration: Collection for Waitfield Telecom				Notice Only
ACCOUNT NO. 3293 Regent Asset Management Solutions 7290 Samuel Drive Denver, CO 80221	W	Incurred: 2010 Consideration: Collection agency Collection for Bank of Marin				Notice Only

Sheet no. 12 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	1,497.26
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1501 Retail Recovery Service 190 Moore Street Suite 201 Hackensack, NJ 07601	W	Incurred: 2009 Consideration: Collection for Fashion Bug				Notice Only
ACCOUNT NO. Retina Center 99 Swift Street Suite 200 South Burlington Vermont 05403	H	Incurred: 2012 Consideration: Medical services				1,352.12
ACCOUNT NO. 1978 Summit AR P.O. Box 131 Champlin, MN 55316	W	Incurred: 2011 Consideration: Collection for Rainbow Pediatrics				Notice Only
ACCOUNT NO. 6640 Title 11 Funding 10 Orchard, Suite 100 Lake Forest CA 92630	H	Incurred: 2011 Consideration: Collection agency Collection for GE Money Bank				Notice Only
ACCOUNT NO. 1072 Verizon c/o Debt Recovery Solutions P.O. Box 9001 Westbury NY 11590	W	Consideration: Phone Service In Collections with Debt Recovery Service				648.44

Sheet no. 13 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	2,000.56
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes,  
Debtor

Case No. 12-10645  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3770 Vermont Eye Associates 1100 Hinesburg Rd., STE 201 South Burlington VT 05403	H	Incurred: 2012 Consideration: Medical services				220.00
ACCOUNT NO. 3324 Vital Recovery Services P.O. Box 923748 Norcross GA 30010	H	Incurred: 2010 Consideration: Collection for AIG Marketing				Notice Only
ACCOUNT NO. 7460 Waitsfield Telecom P.O. Box 9 Waitsfield, VT 05673-0009	J	Incurred: 2007 Consideration: Phone Service				270.35
ACCOUNT NO. 8130 Western Union Financial Services 199 Water Street 29th Floor New Rok, NY 10038	W	Incurred: 2012 Consideration: Collection for Credit Card				Notice Only
ACCOUNT NO.						

Sheet no. 14 of 14 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	490.35
Total	\$	60,820.24

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Gerald & Leita Forbes  
Debtor

Case No. 12-10645  
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Gerald & Leita Forbes  
Debtor

Case No. 12-10645  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re Gerald &amp; Leita Forbes

Case 12-10645

Debtor

(if known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): daughter, daughter, daughter, daughter	AGE(S): 18, 17, 16, 12
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	Mechanic	Bakery Associate
Name of Employer	Earl's Cyclery & Fitness	Hannaford Bros. Co
How long employed	13 Years	
Address of Employer	2500 Williston Road	145 Pleasant Hill Road
	South Burlington, VT 05403	Scarborough, ME 04074

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

DEBTOR	SPOUSE
\$ 3,471.67	\$ 2,426.33

2. Estimated monthly overtime

\$ 0.00	\$ 0.00
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3. SUBTOTAL

\$ 3,471.67	\$ 2,426.33
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security  
b. Insurance  
c. Union Dues  
d. Other (Specify: (S)Hannaford Credit Union)

\$ 416.73	\$ 340.81
\$ 0.00	\$ 239.96
\$ 0.00	\$ 0.00
\$ 0.00	\$ 108.33

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 416.73	\$ 689.10
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- 6.. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,054.94	\$ 1,737.23
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7. Regular income from operation of business or profession or farm  
(Attach detailed statement)

\$ 41.95	\$ 0.00
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8. Income from real property

\$ 0.00	\$ 0.00
---------	---------

9. Interest and dividends

\$ 0.00	\$ 0.00
---------	---------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00	\$ 0.00
---------	---------

11. Social security or other government assistance

\$ 0.00	\$ 0.00
---------	---------

(Specify)

12. Pension or retirement income

\$ 0.00	\$ 0.00
---------	---------

13. Other monthly income

\$ 0.00	\$ 0.00
---------	---------

(Specify)

\$ 0.00	\$ 0.00
---------	---------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 41.95	\$ 0.00
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15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)

\$ 3,096.89	\$ 1,737.23
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16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)

\$ 4,834.12	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Gerald & Leita Forbes  
Debtor

Case No. 12-10645  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	172.00
a. Are real estate taxes included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities: a. Electricity and heating fuel	\$	370.00
b. Water and sewer	\$	175.00
c. Telephone	\$	169.00
d. Other Cable/Internet/Trash	\$	179.00
3. Home maintenance (repairs and upkeep)	\$	200.00
4. Food	\$	700.00
5. Clothing	\$	100.00
6. Laundry and dry cleaning	\$	20.00
7. Medical and dental expenses	\$	200.00
8. Transportation (not including car payments)	\$	725.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	110.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	155.00
e. Other Liability Insurance	\$	47.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	\$	3,322.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
None		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I (Includes spouse income of \$1,737.23. See Schedule I)	\$	4,834.12
b. Average monthly expenses from Line 18 above	\$	3,322.00
c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)	\$	1,512.12

**B6 Summary (Official Form 6 - Summary) (12/07)**

**United States Bankruptcy Court**  
District of Vermont

In re Gerald & Leita Forbes  
Debtor

Case No. 12-10645

Chapter 13

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

**AMOUNTS SCHEDULED**

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 177,100.00		
B - Personal Property	YES	4	\$ 27,507.18		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	2		\$ 153,260.28	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	15		\$ 60,820.24	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 4,834.12
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,322.00
<b>TOTAL</b>		29	\$ 204,607.18	\$ 214,080.52	

In re Gerald & Leita Forbes  
Debtor

Case No. 12-10645

Chapter 13

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 31,484.56
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 31,484.56

### State the Following:

Average Income (from Schedule I, Line 16)	\$ 4,834.12
Average Expenses (from Schedule J, Line 18)	\$ 3,322.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 5,897.99

### State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 5,771.48
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 60,820.24
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 66,591.72

In re Gerald & Leita Forbes Debtor Case No. 12-10645 (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 7/27/12 Signature: /s/ Gerald Forbes Debtor
Date 7/27/12 Signature: /s/ Leita Forbes (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.
Address
X Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date Signature:
(Print or type name of individual signing on behalf of debtor.)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In Re Gerald & Leita Forbes

Case No. 12-10645  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
2012(db) 24,030.00	Earl's Cyclery & Fitness Forbes Logging
2011(db) 41,640.00	Frey Enterprises, Inc.
2010(db) 42,149.50	Timothy W Howlett Champlainside Farm Frey Enterprises, Inc.
2012(jdb) 16,686.79	Hannaford Bros Co.

AMOUNT	SOURCE (if more than one)
2011(jdb) 28,651.85	Martin's Food of South Burlington
2010(jdb) 22,894.13	Martins Foods of South Burlington

**2. Income other than from employment or operation of business**

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
(db)	
(db)	
(jdb)	
2011(jdb) 174.52	Office of Child Support

**3. Payments to creditors**

None ☐ Complete a. or b., as appropriate, and c.

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Wells Fargo Dealer Services P.O. Box 25341 Santa Ana, CA 92799-5341	Regular Payments	930.00	10,171.48
Credit Acceptance 25505 West Twelve Mile Rd. Suite 300 Southfield, MI 48034	Regular Payments		0.00
Beneficial P.O. Box 3425 Buffalo, NY 14240	Regular Payments		0.00

None



*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) ☐ any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative ☐ repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	----------------------	----------------	-----------------------

None



*c. All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	----------------------	-------------	-----------------------

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND  
VALUE OF PROPERTY

---

**6. Assignments and Receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS  
OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

---

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS  
OF CUSTODIAN

NAME AND LOCATION  
OF COURT CASE TITLE  
& NUMBER

DATE OF  
ORDER

DESCRIPTION AND  
VALUE OF PROPERTY

---

**7. Gifts**

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
PERSON OR ORGANIZATION

RELATIONSHIP  
TO DEBTOR, IF ANY

DATE OF  
GIFT

DESCRIPTION AND  
VALUE OF GIFT

**8. Losses**

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION  
AND VALUE  
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS  
WAS COVERED IN WHOLE OR IN PART BY  
INSURANCE, GIVE PARTICULARS

DATE OF  
LOSS

**9. Payments related to debt counseling or bankruptcy**

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS  
OF PAYEE

DATE OF PAYMENT,  
NAME OF PAYOR IF  
OTHER THAN DEBTOR

AMOUNT OF MONEY OR  
DESCRIPTION AND  
VALUE OF PROPERTY

Kathleen Walls  
Law Office of Kathleen Walls  
P.O. Box 793  
Middlebury, VT 05753

7/12

500.00

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY  
TRANSFERRED AND  
VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None



NAME OF TRUST OR OTHER DEVICE

DATE(S) OF  
TRANSFER(S)

AMOUNT OF MONEY OR  
DESCRIPTION AND  
VALUE OF PROPERTY  
OR DEBTOR'S INTEREST  
IN PROPERTY

**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS  
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE

AMOUNT AND  
DATE OF SALE  
OR CLOSING

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF BANK  
OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF  
THOSE WITH ACCESS TO BOX  
OR DEPOSITORY

DESCRIPTION OF  
CONTENTS

DATE OF  
TRANSFER OR  
SURRENDER, IF ANY

**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE  
OF  
SETOFF

AMOUNT  
OF  
SETOFF

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND  
ADDRESS OF OWNER

DESCRIPTION AND  
VALUE OF PROPERTY

LOCATION OF PROPERTY

**15. Prior address of debtor**

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME  
AND ADDRESS

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

#### 18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Forbes Logging		1075 Forrest Road Bridport, VT 05734	Logging	2002-2012

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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**[Questions 19 - 25 are not applicable to this case]**

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 7/27/12 Signature of Debtor /s/ Gerald Forbes  
GERALD FORBES

Date 7/27/12 Signature of Joint Debtor /s/ Leita Forbes  
LEITA FORBES

0 continuation sheets attached

**Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571**

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

**A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.**

Internal Revenue Service  
Centralized Insolvency Operation  
P/O. Box 7346  
Philadelphia, PA 19101-7346

Vermont Department of Taxes  
Bankruptcy Unit, 3rd Fl.  
109 State Street  
P.O. Box 429  
Montpelier, VT 05609-1001

21st Century  
P.O. Box 1802  
Alpharetta GA 30023

Allied Data Corporation  
13111 Westheimer, Suite 400  
Houston TX 77077

Alternative Receivables Solutions, Inc.  
PO Box 478  
Rosemount, MN 55068

APS  
2527 Cranberry HWY  
Wareham MA 02571

Audit Bureau  
PO Box 1269  
Columbus, OH 43216

Bank of Morin  
c/o Regent Asset Management  
7290 Samuel Dr., Suite 200  
Denver CO 80221

Beneficial  
P.O. Box 3425  
Buffalo, NY 14240

BHR  
141 Burke Street  
Nashua NH 03060

CAC Financial Corp  
2601 NW Expressway  
Suite 1000 East  
Oklahoma City, OK 73112

Capital Accounts  
P.O. Box 140065  
Nashville, TN 37214

CBCS  
P.O. Box 165025  
Columbus OH 43216

CBCS  
PO BOX 164090  
COLUMBUS, OH 43216

Champlain Valley Orthopedics  
c/o ARS  
P.O. Box 478  
Rosemount MN 55068

Citifinancial  
2 Champlain COmmons Ste 3  
St Albans, VT 05478

Citifinancial  
P.O. Box 183172  
Columbus OH 43218-3172

Credit Acceptance  
25505 West Twelve Mile Rd.  
Suite 300  
Southfield, MI 48034

Credit Associates  
P.O. Box 6600  
Rutland, Vermont 05702

Credit Collection Services  
Two Wells Avenue  
Newton, MA 02459

Credit Services  
41 Simon Street  
P.O. Box 746  
Nashua NH 03061

CVPS  
77 Grove Street  
Rutland Vermont 05701

Debt Recovery Solutions  
P.O. Box 1259  
Oaks, PA 19456

Eye Care Associates  
P.O. Box 6268  
Rutland, VT 05702

Eye Care Associates P.C.  
PO Box 6268  
Rutland, VT 05702

Fletcher Allen Health Care  
P.O. Box 1063  
Burlington, VT 05402-1063

Fletcher Allen Healthcare  
P.O. Box 1810  
Burlington, VT 05402

Fyles Brothers  
425 Needham Hill Rd.  
Orwell, VT 05760

GE Money Bank  
P.O. Box 960061  
Orlando, FL 32896-0061

Great Lakes  
2401 International Lane  
Madison, WI 53704-3192

HSBC  
PO Box 17051  
Baltimore, MD 21297

Kevin Ianni  
519 Robbins Rd.  
Cornwall, VT 05753

Key Bank Overdraft Recovery  
P.O. Box 6506  
Cleveland OH 44101

Liberty Mutual  
100 Linciolnway West  
Mishawaka IN 46544

M2 Revenue  
Dept 77313  
P.O. Box 77000  
Detroit MI 48277

Marcam & Associates  
396 High Street  
Suite 2  
Somersworth NH 03878

Middlebury Eye Associates  
91 Main Street  
Middlebury, VT 05753

Middlebury Family Health  
44 Collins Dr.  
Suite 201  
Middlebury VT 05753

Monarch Recovery Management  
10965 Decatur Rd.  
Philadelphia, PA 19154-3210

Nationwide  
P.O. Box 13958  
Philadelphia, PA 19101

NCO  
P.O. Box 15630  
Dept 99  
Wilmington DE 19850

NCO Financial Systems, Inc.  
P.O. Box 12100  
Dept 64  
Trenton, NJ 08650

Ophthalmic Consultants of Vermont  
MBA Healthgroup  
55 Community Dr. Suite 201  
South Burlington VT 05403

People First Recoveries  
2080 Elm Street SE  
Minneapolis MN 55414

Pinnacle Financial Group  
7825 Washington Ave S  
Suite 310  
Minneapolis, MN 55439

Porter Hospital  
37 Porter Drive  
Middlebury Vermont 05753

Porter Hospital  
37 Porter Drive  
Middlebury, VT 05753

Porter Practice Management  
104 Porter Dr.  
Middlebury Vt 05753

Portfolio Recovery  
P.O. Box 12914  
Norfolk, VA 23541

Powell Rogers & Speaks  
P.O. Box 930  
Halifax, PA 17032

Rainbow Pediatrics  
44 Collins Dr.  
Suite 202  
Middlebury

Rainbow Pediatrics  
44 Collins Drive STE 202  
Middlebury, VT 05753-8502

RCMC  
P.O. Box 9356  
South Burlington VT 05407

Regent Asset Management Solutions  
7290 Samuel Drive  
Denver, CO 80221

Retail Recovery Service  
190 Moore Street  
Suite 201  
Hackensack, NJ 07601

Retina Center  
99 Swift Street  
Suite 200  
South Burlington Vermont 05403

Summit AR  
P.O. Box 131  
Champlin, MN 55316

Title 11 Funding  
10 Orchard, Suite 100  
Lake Forest CA 92630

Verizon  
c/o Debt Recovery Solutions  
P.O. Box 9001  
Westbury NY 11590

Vermont Eye Associates  
1100 Hinesburg Rd., STE 201  
South Burlington VT 05403

Vital Recovery Services  
P.O. Box 923748  
Norcross GA 30010

Waitsfield Telecom  
P.O. Box 9  
Waitsfield, VT 05673-0009

Wells Fargo Dealer Services  
P.O. Box 25341  
Santa Ana, CA 92799-5341

Western Union Financial Services  
199 Water Street  
29th Floor  
New York, NY 10038

B203  
12/94

United States Bankruptcy Court  
District of Vermont

In re Gerald & Leita Forbes

Case No. 12-10645

Chapter 13

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 3,500.00

Prior to the filing of this statement I have received ..... \$ 500.00

Balance Due ..... \$ 3,000.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

(e) Amendment of schedules and statements as required to take into account developments before the meeting of creditors (f) Negotiation, preparation, and filing of reaffirmation agreements, as appropriate; (g) Motions to avoid judicial liens impairing otherwise exempt property; (h) Motions to redeem exempt personal property subject to liens; (i) and Motions to remove trustee process or wage assignments.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The above-disclosed fee does not include any representation, legal advice, or counsel on matters related to debtor's tax obligations or to the effect of this bankruptcy on such obligations, nor on any other matters or proceedings not specifically identified here or required by Vt.L.B.R. Rule 2016-1(f).

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

7/27/12

Date

/s/ Kathleen Walls

Signature of Attorney

Law Office of Kathleen Walls

Name of law firm

In re Gerald & Leita Forbes  
Debtor(s)

Case Number: 12-10645  
(If known)

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.  
☐ The applicable commitment period is 5 years.  
☐ Disposable income is determined under § 1325(b)(3).  
☒ Disposable income not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

### Part I. REPORT OF INCOME

<b>1</b>	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. <b>a.</b> <input type="checkbox"/> <b>Unmarried.</b> Complete only Column A ("Debtor's Income") for Lines 2-10. <b>b.</b> <input checked="" type="checkbox"/> <b>Married.</b> Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.														
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>										
<b>2</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			\$ 3,471.66	\$ 2,426.33										
<b>3</b>	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 15%; text-align: right;">\$ 96.16</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 137.55</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 96.16	b.	Ordinary and necessary business expenses	\$ 137.55	c.	Business income	Subtract Line b from Line a	\$ 0.00	\$ 0.00	
a.	Gross receipts	\$ 96.16													
b.	Ordinary and necessary business expenses	\$ 137.55													
c.	Business income	Subtract Line b from Line a													
<b>4</b>	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 15%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$ 0.00	\$ 0.00	
a.	Gross receipts	\$ 0.00													
b.	Ordinary and necessary operating expenses	\$ 0.00													
c.	Rent and other real property income	Subtract Line b from Line a													
<b>5</b>	<b>Interest, dividends and royalties.</b>			\$ 0.00	\$ 0.00										
<b>6</b>	<b>Pension and retirement income.</b>			\$ 0.00	\$ 0.00										
<b>7</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$ 0.00	\$ 0.00										

8	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$ <u>0.00</u></td> <td style="width: 30%;">Spouse \$ <u>0.00</u></td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <u>0.00</u>	Spouse \$ <u>0.00</u>	\$ 0.00	\$ 0.00			
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <u>0.00</u>	Spouse \$ <u>0.00</u>							
9	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>	a.		\$ 0.00	b.		\$ 0.00	\$ 0.00	\$ 0.00
a.		\$ 0.00							
b.		\$ 0.00							
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 3,471.66	\$ 2,426.33						
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 5,897.99							

**Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD**

12	Enter the Amount from Line 11.	\$ 5,897.99									
13	<b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$ 0.00</td> </tr> </table> Total and enter on Line 13.	a.		\$ 0.00	b.		\$ 0.00	c.		\$ 0.00	\$ 0.00
a.		\$ 0.00									
b.		\$ 0.00									
c.		\$ 0.00									
14	<b>Subtract Line 13 from Line 12 and enter the result.</b>	\$ 5,897.99									
15	<b>Annualized current monthly income for §1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 70,775.88									
16	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Vermont</u> b. Enter debtor's household size: <u>6</u>	\$ 94,736.00									
17	<b>Application of §1325(b)(4).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input type="checkbox"/> <b>The amount on Line 15 is more than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.										

**Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME**

18	Enter the Amount from Line 11.	\$ 5,897.99
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19	<p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify, in the lines below, the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 25%; text-align: right;">0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> </table> <p>Total and enter on Line 19.</p>	a.		\$	0.00	b.		\$	0.00	c.		\$	0.00	\$ 0.00												
a.		\$	0.00																							
b.		\$	0.00																							
c.		\$	0.00																							
20	<p><b>Current monthly income for §1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.</p>	\$ 5,897.99																								
21	<p><b>Annualized current monthly income for §1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.</p>	\$ 70,775.88																								
22	<p><b>Applicable median family income.</b> Enter the amount from Line 16.</p>	\$ 94,736.00																								
23	<p><b>Application of §1325(b)(3).</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under §1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. <b>Do not complete Parts IV, V or VI.</b></p>																									
<p><b>Part IV. CALCULATION OF DEDUCTIONS FROM INCOME</b></p>																										
<p><b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b></p>																										
24A	<p><b>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.</b> Enter in line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$ N.A.																								
24B	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 55%;">Allowance per person</td> <td style="width: 20%; text-align: center;">N.A.</td> <td style="width: 5%; text-align: center;">a2.</td> <td style="width: 55%;">Allowance per person</td> <td style="width: 20%; text-align: center;">N.A.</td> </tr> <tr> <td style="text-align: center;">b1</td> <td>Number of persons</td> <td style="text-align: center;">N.A.</td> <td style="text-align: center;">b2.</td> <td>Number of persons</td> <td style="text-align: center;">N.A.</td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td style="text-align: center;">N.A.</td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td style="text-align: center;">N.A.</td> </tr> </tbody> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person	N.A.	a2.	Allowance per person	N.A.	b1	Number of persons	N.A.	b2.	Number of persons	N.A.	c1.	Subtotal	N.A.	c2.	Subtotal	N.A.	\$ N.A.
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person	N.A.	a2.	Allowance per person	N.A.																					
b1	Number of persons	N.A.	b2.	Number of persons	N.A.																					
c1.	Subtotal	N.A.	c2.	Subtotal	N.A.																					
25A	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$ N.A.																								

25B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%; text-align: right;">\$ N.A.</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td><td style="text-align: right;">\$ N.A.</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ N.A.	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ N.A.	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$ N.A.
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ N.A.									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ N.A.									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	\$ N.A.									
27A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ N.A.									
27B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ N.A.									
28	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: right;">\$ N.A.</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td style="text-align: right;">\$ N.A.</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: right;">Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ N.A.	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ N.A.
a.	IRS Transportation Standards, Ownership Costs	\$ N.A.									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ N.A.									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									

29	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	N.A.	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$	N.A.
a.	IRS Transportation Standards, Ownership Costs	\$	N.A.												
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	N.A.												
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.													
30	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$	N.A.												
31	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>	\$	N.A.												
32	<p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$	N.A.												
33	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 49.</b></p>	\$	N.A.												
34	<p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$	N.A.												
35	<p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>	\$	N.A.												
36	<p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. <b>Do not include payments for health insurance or health savings accounts listed in Line 39.</b></p>	\$	N.A.												
37	<p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunications services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>	\$	N.A.												
38	<p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.</p>	\$	N.A.												
<p align="center"><b>Subpart B: Additional Living Expense Deductions</b>  <b>Note: Do not include any expenses that you have listed in Lines 24-37</b></p>															

39	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Health Insurance</td> <td style="width: 35%; text-align: right;">\$ N.A.</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: right;">\$ N.A.</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: right;">\$ N.A.</td> </tr> </table>	a.	Health Insurance	\$ N.A.	b.	Disability Insurance	\$ N.A.	c.	Health Savings Account	\$ N.A.																	
a.	Health Insurance	\$ N.A.																									
b.	Disability Insurance	\$ N.A.																									
c.	Health Savings Account	\$ N.A.																									
	Total and enter on Line 39 <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below: \$ N.A.	\$ N.A.																									
40	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>	\$ N.A.																									
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ N.A.																									
42	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ N.A.																									
43	<b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$ N.A.																									
44	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ N.A.																									
45	<b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>	\$ N.A.																									
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.	\$ N.A.																									
<b>Subpart C: Deductions for Debt Payment</b>																											
47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes and insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 15%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td colspan="2"></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a, b and c		\$ N.A.
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																							
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
			Total: Add Lines a, b and c																								

48	<b>Other payments on secured claims.</b> If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
	a.			\$
	b.			\$
	c.			\$
48				Total: Add Lines a, b and c
				\$ N.A.
49	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 33.</b>			\$ N.A.
50	<b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.			
	a.	Projected average monthly Chapter 13 plan payment.		\$ N.A.
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		x N.A.
	c.	Average monthly administrative expense of Chapter 13 case		Total: Multiply Lines a and b
				\$ N.A.
51	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.			\$ N.A.
<b>Subpart D: Total Deductions from Income</b>				
52	<b>Total of all deductions from income.</b> Enter the total of Lines 38, 46, and 51.			\$ N.A.
<b>Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)</b>				
53	<b>Total current monthly income.</b> Enter the amount from Line 20.			\$ N.A.
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.			\$ N.A.
55	<b>Qualified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).			\$ N.A.
56	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.			\$ N.A.
57	<b>Deduction for special circumstances.</b> If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. <b>You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.</b>			
		Nature of special circumstances	Amount of expense	
	a.		\$	
	b.		\$	
	c.		\$	
			Total: Add Lines a, b and c	
				\$ N.A.

58	<b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, 56 and 57 and enter the result.	\$ N.A.
59	<b>Monthly Disposable Income Under § 1325(b)(2).</b> Subtract Line 58 from Line 53 and enter the result.	\$ N.A.

**Part VI: ADDITIONAL EXPENSE CLAIMS**

60	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
		Expense Description
	a.	Monthly Amount
	b.	\$
	c.	\$
	Total: Add Lines a, b and c	N.A.

**Part VII: VERIFICATION**

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: 7/27/12	Signature: /s/ Gerald Forbes (Debtor)
	Date: 7/27/12	Signature: /s/ Leita Forbes (Joint Debtor, if any)

**Form 22 Continuation Sheet****Income Month 1**

Gross wages, salary, tips...	3,200.00	2,230.67
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

**Income Month 2**

Gross wages, salary, tips...	4,800.00	2,309.44
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

**Income Month 3**

Gross wages, salary, tips...	3,230.00	2,767.23
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

**Income Month 4**

Gross wages, salary, tips...	3,200.00	2,186.42
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

**Income Month 5**

Gross wages, salary, tips...	3,200.00	2,331.27
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

**Income Month 6**

Gross wages, salary, tips...	3,200.00	2,732.96
Income from business...	0.00	0.00
Rents and real property income...	0.00	0.00
Interest, dividends...	0.00	0.00
Pension, retirement...	0.00	0.00
Contributions to HH Exp...	0.00	0.00
Unemployment...	0.00	0.00
Other Income...	0.00	0.00

**Additional Items as Designated, if any****Remarks**